

POSITION		ID NO.	DATE
CLASSIFIER	#44		11-26-96
EXAMINER		452	6-3-97
TYPIST		11	11
VERIFIER		11	11
CORPS CORR.			
SPEC. HAND			
FILE MAINT.			
DRAFTING			

# **BEST AVAILABLE COPY** INDEX OF CLAIMS

Claim	Date
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SYMBOLS  
✓ ..... Rejected  
= ..... Allowed  
- (Through numeral) Canceled  
+ ..... Restricted  
N ..... Non-elected  
I ..... Interference  
A ..... Appeal  
O ..... Objected

Claim	Date
51	10/1/97
52	10/1/97
53	10/1/97
54	10/1/97
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98	10/1/97
99	10/1/97
100	10/1/97